

EXHIBIT 1



9801 W. Higgins, Box 32, Rosemont, IL 60018

35468 TWS380WB110123093536 01 000000000 46 004



PLATFORM II LAWDALE LLC
600 WAUKEGAN RD SUITE 129
NORTHBROOK IL 60062-1249

Last Statement:
Statement Ending:
Page:

September 29, 2023
October 31, 2023
1 of 3

Customer Service



Customer Support:
312-291-2900



Branch Hours of Operation:
Mon-Fri 8:30 am - 5:00 pm
Saturday 9:00 am - 1:00 pm

Customer Contact Center Hours:
Mon - Fri 7:00 am - 8:00 pm
Saturday 7:00 am - 5:00 pm



Access Your Account Online:
www.wintrustbank.com

ENTREPRENEUR CHECKING

Account Number: XXXXXX8563

Balance Summary

Beginning Balance as of 09/30/23	\$2,284.88
+ Deposits and Credits (4)	\$67,723.00
- Withdrawals and Debits (14)	\$67,907.58
Ending Balance as of 10/31/23	\$2,100.30
Analysis or Maintenance Fees for Period	\$0.00
Number of Days in Statement Period	32

Checks

* Indicates a break in check sequence

Date	Check#	Amount	Date	Check#	Amount	Date	Check#	Amount
Oct 17	93	\$3,158.59	Oct 18	94	\$250.00	Oct 17	95	\$160.00

Debits

Date	Description	Subtractions
Oct 02	WIRE TRANSFER OUT	-\$33,500.00
	WIRE OUT EMAIL CHA ACCT#3805608563 RED OAK FINANCIAL LLC	
Oct 03	CASH MGMT TRSFR DR	-\$4,724.48
	REF 2761716L FUNDS TRANSFER TO DEP XXXXXX0987 FROM PAYROLL	
Oct 05	PREAUTHORIZED DEBIT	-\$20,977.46
	Cook County PropertyTx 231005 CCTPTX009346031	
Oct 16	PREAUTHORIZED DEBIT	-\$81.00
	OPENTECH ALLIANC SALE 231016	
Oct 16	PREAUTHORIZED DEBIT	-\$145.00
	OPENTECH ALLIANC SALE 231016	
Oct 16	PREAUTHORIZED DEBIT	-\$252.70
	FLOOD BROS DISPO 7092953 231016	
Oct 16	PREAUTHORIZED DEBIT	-\$433.81
	PEOPLES GAS PAYMENT 231013	
Oct 16	PREAUTHORIZED DEBIT	-\$582.00
	TENANT PROPERTY TENANT PRO 231016	
Oct 16	PREAUTHORIZED DEBIT	-\$614.51
	COMCAST CABLE 231016	
Oct 17	CHECK 93	-\$3,158.59
Oct 17	CHECK 95	-\$160.00

Checks/Withdrawals Outstanding

TOTAL

The number above
should match your
checkbook balance

1. Review last month's statement to make sure any differences were corrected.
2. Check additions and subtractions in your checkbook.
3. Compare the amount of each check and deposit on this statement with the amount recorded in your checkbook.
4. Make sure all outstanding checks have been listed, including those that may not have been paid from the previous statement.
5. Make sure that any electronic fund transfers or automatic payments are recorded in your checkbook.

In Case of Errors or Questions About Your Electronic Transfers. Telephone us or write us using the telephone number or address listed on the front of this statement, if you think your statement or receipt is wrong or if you need more information about a transfer listed on the statement or receipt. We must hear from you no later than sixty (60) days after we sent the FIRST statement on which the problem or error appeared.

- We will investigate your complaint and will correct any error promptly. For consumer accounts, if we take more than ten (10) business days to do this, we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

In Case of Errors or Questions About Your Personal Line of Credit (This is a Summary of Your Billing Rights). If you think your bill is wrong, or if you need more information about a transaction on your bill, write us on a separate sheet at the address shown on the front of your statement as soon as possible. We must hear from you no later than sixty (60) days after we sent the first bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights.

- Your name and account number.
- The dollar amount of the suspected error.
- Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about.

You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.



Account Number:

XXXXXX8563

Statement Date:

10/31/2023

Page :

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9801 W. Higgins, Box 32, Rosemont, IL 60018

Debits (Continued)

Date	Description	Subtractions
Oct 18	CHECK 94	-\$250.00
Oct 31	CASH MGMT TRSFR DR REF 3041408L FUNDS TRANSFER TO DEP XXXXXX0987 FROM PAYROLL	-\$2,779.68
Oct 31	PREAUTHORIZED DEBIT QUARTERLY FEE PAYMENT 231031 0000	-\$248.35

Credits

Date	Description	Additions
Oct 02	CASH MGMT TRSFR CR REF 2751513L FUNDS TRANSFER FRM DEP XXXXXX6492 FROM	\$40,000.00
Oct 04	CASH MGMT TRSFR CR REF 2771831L FUNDS TRANSFER FRM DEP XXXXXX6492 FROM	\$25,000.00
Oct 13	DEPOSIT	\$223.00
Oct 31	CASH MGMT TRSFR CR REF 3041407L FUNDS TRANSFER FRM DEP XXXXXX6492 FROM	\$2,500.00

Daily Balances

Date	Balance	Date	Balance	Date	Balance	Date	Balance
Sep 29	\$2,284.88	Oct 04	\$29,060.40	Oct 16	\$6,196.92	Oct 18	\$2,628.33
Oct 02	\$8,784.88	Oct 05	\$8,082.94	Oct 17	\$2,878.33	Oct 31	\$2,100.30
Oct 03	\$4,060.40	Oct 13	\$8,305.94				

Overdraft\Return Item Fees

Fee Type	Total For This Period	Total Year-To-Date
Total Overdraft Fees	\$0.00	\$146.00
Total Returned Item Fees	\$0.00	\$0.00



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9801 W. Higgins, Box 32, Rosemont, IL 60018

Check Images for Account XXXXXX8563

<input type="checkbox"/> CHECKING <input type="checkbox"/> MONEY MARKET	WELTRUST COMMUNITY BANKING NAME <u>NSC</u> ADDRESS _____ CITY AND STATE _____ ZIP _____ TELEPHONE NUMBER (including area code) _____ ACCOUNT NUMBER <u>3805600563</u> MICR LINE <u>⑆071925444⑆</u>	Receipt for Cash All items received for deposit under the terms and conditions of the account agreement and subject to debit/return privileges. Items received after each day's cut-off hour will earn interest as of the next business day. Total \$ of Check(s) _____	SIGNATURE REQUIRED IF RECEIVING CASH BACK <input checked="" type="checkbox"/> SIGNATURE _____ <input type="checkbox"/> NO SIGNATURE PRINTING NAME _____ BRANCH _____ SPECIAL SERVICE _____ DATE (YYYY) _____ MEMO _____ PAY TO ORDER OF _____ AMOUNT \$ <u>223.00</u> 600
--	--	---	---

10/13/2023

\$223.00

[illegible]

10/18/2023

94

\$250.00

PLATFORM E LAWNDE LLC
600 WALKERMAN RD STE 329
NORTHBRIDGE, IL 60062

This is to certify that the \$44,770.75
collected on the deposit for the Party, the
amounts can be used to represent the Party
according to the terms of the contract. All
money is in the bank.

11/03/2023

Date: 11/03/2023
Valid after 90 days

PAID to
ORDER OF Local Biz Digital \$3,158.59

Three thousand, one hundred fifty-eight and 59/100 Dollars

WINTRUST BANK, N.A.

Memo

00000931 0719254415 3563

10/17/2023

93

\$3,158.59

PLATFORM II LANDDALE LLC
 600 WALKERMAN RD. STE 129
 NORTH BROOK, IL 60062

This is a bill of exchange. The first 10 digits
 (00000095) are the MICR line. The last 10 digits
 (071925444) are the MICR line. The MICR line
 numbers call define Payment Exchange
 account numbers as 1411 33 and the
 MICR line

VV095

Date 10/13/2023
 Valid after 90 days

PAY TO THE ORDER OF RM Landscaping \$ **160.00**

One hundred sixty and 00/100 Dollars

WINTRUST BANK, N.A.

Memo _____

00000951 071925444 5631

10/17/2023

95

\$160.00





9801 W. Higgins, Box 32, Rosemont, IL 60018

24821 TWS380WB110123093536 01 000000000 43 006



PLATFORM II LAWDALE LLC
600 WAUKEGAN RD SUITE 129
NORTHBROOK IL 60062-1249

Last Statement:
Statement Ending:
Page:

September 30, 2023
October 31, 2023
1 of 5

Customer Service



Customer Support:
312-291-2900



Branch Hours of Operation:
Mon-Fri 8:30 am - 5:00 pm
Saturday 9:00 am - 1:00 pm

Customer Contact Center Hours:
Mon - Fri 7:00 am - 8:00 pm
Saturday 7:00 am - 5:00 pm



Access Your Account Online:
www.wintrustbank.com

ENTREPRENEUR CHECKING

Account Number: XXXXXX6492

Balance Summary

Beginning Balance as of 10/01/23	\$155,156.92
+ Deposits and Credits (38)	\$34,563.85
- Withdrawals and Debits (8)	\$112,591.94
Ending Balance as of 10/31/23	\$77,128.33
Analysis or Maintenance Fees for Period	\$0.50
Number of Days in Statement Period	31

Debits

Date	Description	Subtractions
Oct 02	CASH MGMT TRSFR DR REF 2751513L FUNDS TRANSFER TO DEP XXXXXX8563 FROM	-\$40,000.00
Oct 03	PREAUTHORIZED DEBIT ACH MONTHLY INVO 506304 231003 8472727775	-\$24.95
Oct 03	PREAUTHORIZED DEBIT ACH MONTHLY INVO 509180 231003 8472727775	-\$26.70
Oct 04	CASH MGMT TRSFR DR REF 2771831L FUNDS TRANSFER TO DEP XXXXXX8563 FROM	-\$25,000.00
Oct 10	PREAUTHORIZED DEBIT TSYS/TRANSFIRST MERCH FEES 231010 543684555981226	-\$888.29
Oct 16	PREAUTHORIZED DEBIT TSYS/TRANSFIRST CR CD CHBK 5436845559812267ON E STOP SLF STRGE C HIC 101623	-\$152.00
Oct 17	MAINTENANCE FEE ANALYSIS ACTIVITY FOR 09/23	-\$0.50
Oct 31	CASH MGMT TRSFR DR REF 3041407L FUNDS TRANSFER TO DEP XXXXXX8563 FROM	-\$2,500.00
Oct 31	CASH MGMT TRSFR DR REF 3041500L FUNDS TRANSFER TO DEP XXXXXX0948 FROM	-\$44,000.00



Checks/Withdrawals Outstanding

TOTAL

The number above
should match your
checkbook balance

1. Review last month's statement to make sure any differences were corrected.
2. Check additions and subtractions in your checkbook.
3. Compare the amount of each check and deposit on this statement with the amount recorded in your checkbook.
4. Make sure all outstanding checks have been listed, including those that may not have been paid from the previous statement.
5. Make sure that any electronic fund transfers or automatic payments are recorded in your checkbook.

In Case of Errors or Questions About Your Electronic Transfers. Telephone us or write us using the telephone number or address listed on the front of this statement, if you think your statement or receipt is wrong or if you need more information about a transfer listed on the statement or receipt. We must hear from you no later than sixty (60) days after we sent the FIRST statement on which the problem or error appeared.

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- The dollar amount of the suspected error.
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Account Number:

Statement Date:

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Credits

Date	Description	Additions
Oct 02	PREAUTHORIZED CREDIT TSYS/TRANSFIRST CR CD DEP 5436845559812267ON E STOP SLF STRGE C HIC 100223	\$1,307.90
Oct 02	PREAUTHORIZED CREDIT TSYS/TRANSFIRST CR CD DEP 5436845559812267ON E STOP SLF STRGE C HIC 100223	\$1,431.70
Oct 02	PREAUTHORIZED CREDIT TSYS/TRANSFIRST CR CD DEP 5436845559812267ON E STOP SLF STRGE C HIC 100223	\$1,487.90
Oct 03	PREAUTHORIZED CREDIT TSYS/TRANSFIRST CR CD DEP 5436845559812267ON E STOP SLF STRGE C HIC 100323	\$945.66
Oct 04	PREAUTHORIZED CREDIT TSYS/TRANSFIRST CR CD DEP 5436845559812267ON E STOP SLF STRGE C HIC 100423	\$1,292.00
Oct 05	PREAUTHORIZED CREDIT TSYS/TRANSFIRST CR CD DEP 5436845559812267ON E STOP SLF STRGE C HIC 100523	\$681.05
Oct 06	PREAUTHORIZED CREDIT TSYS/TRANSFIRST CR CD DEP 5436845559812267ON E STOP SLF STRGE C HIC 100623	\$667.60
Oct 10	PREAUTHORIZED CREDIT TSYS/TRANSFIRST CR CD DEP 5436845559812267ON E STOP SLF STRGE C HIC 101023	\$370.80
Oct 10	PREAUTHORIZED CREDIT TSYS/TRANSFIRST CR CD DEP 5436845559812267ON E STOP SLF STRGE C HIC 101023	\$831.68
Oct 10	PREAUTHORIZED CREDIT TSYS/TRANSFIRST CR CD DEP 5436845559812267ON E STOP SLF STRGE C HIC 101023	\$1,136.66
Oct 10	PREAUTHORIZED CREDIT TSYS/TRANSFIRST CR CD DEP 5436845559812267ON E STOP SLF STRGE C HIC 101023	\$1,172.25
Oct 11	PREAUTHORIZED CREDIT TSYS/TRANSFIRST CR CD DEP 5436845559812267ON E STOP SLF STRGE C HIC 101123	\$933.25
Oct 12	PREAUTHORIZED CREDIT TSYS/TRANSFIRST CR CD DEP 5436845559812267ON E STOP SLF STRGE C HIC 101223	\$866.64
Oct 13	PREAUTHORIZED CREDIT ACH SETTLEMENT SERVICE 231013	\$68.70
Oct 13	PREAUTHORIZED CREDIT TSYS/TRANSFIRST CR CD DEP 5436845559812267ON E STOP SLF STRGE C HIC 101323	\$1,722.85
Oct 16	PREAUTHORIZED CREDIT ACH SETTLEMENT SERVICE 231016	\$43.00
Oct 16	PREAUTHORIZED CREDIT TSYS/TRANSFIRST CR CD DEP 5436845559812267ON E STOP SLF STRGE C HIC 101623	\$606.00
Oct 16	PREAUTHORIZED CREDIT TSYS/TRANSFIRST CR CD DEP 5436845559812267ON E STOP SLF STRGE C HIC 101623	\$755.29
Oct 16	PREAUTHORIZED CREDIT TSYS/TRANSFIRST CR CD DEP 5436845559812267ON E STOP SLF STRGE C HIC 101623	\$1,008.00
Oct 17	PREAUTHORIZED CREDIT TSYS/TRANSFIRST CR CD DEP 5436845559812267ON E STOP SLF STRGE C HIC 101723	\$813.95





Account Number:

XXXXXX6492

Statement Date:

10/31/2023

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9801 W. Higgins, Box 32, Rosemont, IL 60018

Credits (Continued)

Date	Description	Additions
Oct 18	PREAUTHORIZED CREDIT TSYS/TRANSFIRST CR CD DEP 5436845559812267ON E STOP SLF STRGE C HIC 101823	\$1,031.92
Oct 19	PREAUTHORIZED CREDIT TSYS/TRANSFIRST CR CD DEP 5436845559812267ON E STOP SLF STRGE C HIC 101923	\$508.00
Oct 20	PREAUTHORIZED CREDIT ACH SETTLEMENT SERVICE 231020	\$73.00
Oct 20	PREAUTHORIZED CREDIT TSYS/TRANSFIRST CR CD DEP 5436845559812267ON E STOP SLF STRGE C HIC 102023	\$1,939.50
Oct 23	PREAUTHORIZED CREDIT TSYS/TRANSFIRST CR CD DEP 5436845559812267ON E STOP SLF STRGE C HIC CR CD DEP 102 323	\$168.25
Oct 23	PREAUTHORIZED CREDIT TSYS/TRANSFIRST CR CD DEP 5436845559812267ON E STOP SLF STRGE C HIC CR CD DEP 102 323	\$1,209.00
Oct 23	PREAUTHORIZED CREDIT TSYS/TRANSFIRST CR CD DEP 5436845559812267ON E STOP SLF STRGE C HIC CR CD DEP 102 323	\$1,795.25
Oct 24	PREAUTHORIZED CREDIT TSYS/TRANSFIRST CR CD DEP 5436845559812267ON E STOP SLF STRGE C HIC CR CD DEP 102 423	\$768.05
Oct 25	PREAUTHORIZED CREDIT ACH SETTLEMENT SERVICE 231025	\$173.00
Oct 25	PREAUTHORIZED CREDIT TSYS/TRANSFIRST CR CD DEP 5436845559812267ON E STOP SLF STRGE C HIC CR CD DEP 102 523	\$632.75
Oct 26	PREAUTHORIZED CREDIT TSYS/TRANSFIRST CR CD DEP 5436845559812267ON E STOP SLF STRGE C HIC CR CD DEP 102 623	\$1,801.00
Oct 27	PREAUTHORIZED CREDIT ACH SETTLEMENT SERVICE 231027	\$461.50
Oct 27	PREAUTHORIZED CREDIT TSYS/TRANSFIRST CR CD DEP 5436845559812267ON E STOP SLF STRGE C HIC CR CD DEP 102 723	\$1,024.25
Oct 30	DEPOSIT	\$129.75
Oct 30	PREAUTHORIZED CREDIT TSYS/TRANSFIRST CR CD DEP 5436845559812267ON E STOP SLF STRGE C HIC CR CD DEP 103 023	\$1,122.00
Oct 30	PREAUTHORIZED CREDIT TSYS/TRANSFIRST CR CD DEP 5436845559812267ON E STOP SLF STRGE C HIC CR CD DEP 103 023	\$1,294.00
Oct 30	PREAUTHORIZED CREDIT TSYS/TRANSFIRST CR CD DEP 5436845559812267ON E STOP SLF STRGE C HIC CR CD DEP 103 023	\$2,107.75
Oct 31	PREAUTHORIZED CREDIT TSYS/TRANSFIRST CR CD DEP 5436845559812267ON E STOP SLF STRGE C HIC CR CD DEP 103 123	\$182.00



Daily Balances

Date	Balance	Date	Balance	Date	Balance	Date	Balance
Sep 30	\$155,156.92	Oct 04	\$96,570.43	Oct 10	\$100,542.18	Oct 13	\$104,133.62
Oct 02	\$119,384.42	Oct 05	\$97,251.48	Oct 11	\$101,475.43	Oct 16	\$106,393.91
Oct 03	\$120,278.43	Oct 06	\$97,919.08	Oct 12	\$102,342.07	Oct 17	\$107,207.36



Account Number:

XXXXXX6492

Statement Date:

10/31/2023

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9801 W. Higgins, Box 32, Rosemont, IL 60018

Daily Balances (Continued)

Date	Balance	Date	Balance	Date	Balance	Date	Balance
Oct 18	\$108,239.28	Oct 23	\$113,932.28	Oct 26	\$117,307.08	Oct 30	\$123,446.33
Oct 19	\$108,747.28	Oct 24	\$114,700.33	Oct 27	\$118,792.83	Oct 31	\$77,128.33
Oct 20	\$110,759.78	Oct 25	\$115,506.08				



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9801 W. Higgins, Box 32, Rosemont, IL 60018

Account Number:

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Check Images for Account XXXXXX6492

WINTRUST COMMUNITY BANKING NAME <u>NSCB</u> Date <u>10/30/23</u> Address <u>Platform II Lombdale / One Stop</u> CITY AND STATE _____ ZIP _____ TELEPHONE NUMBER (during the day) _____ ACCOUNT NUMBER <u>3803306492</u> MICR LINE <u>⑆07192544⑆</u>		Receipt for Cash <input checked="" type="checkbox"/> SIGNATURE REQUIRED IF RECEIVING CASH BACK All items are received for deposit upon the terms and conditions of the account agreement and subject to standard verification. Items received after each day's cut-off hour will earn interest as of the next business day. Total # of Checks _____ CASH RECEIVED TOTAL DEDUCTIONS SUB TOTAL NET CASH RECEIVED <u>129.75</u>
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10/30/2023

\$129.75

24821 0077877 0005-0005 0000000000000000



UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

In Re. Platform II Lawndale LLC

§
§
§
§

Case No. 22-07668

Debtor(s)

☐ Jointly Administered

Monthly Operating Report

Chapter 11

Reporting Period Ended: 10/31/2023

Petition Date: 07/11/2022

Months Pending: 16

Industry Classification:

4	2	2	5
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Reporting Method:

Accrual Basis ☐

Cash Basis ☒

Debtor's Full-Time Employees (current):

0

Debtor's Full-Time Employees (as of date of order for relief):

0

Supporting Documentation (check all that are attached):

(For jointly administered debtors, any required schedules must be provided on a non-consolidated basis for each debtor)

- ☐ Statement of cash receipts and disbursements
- ☐ Balance sheet containing the summary and detail of the assets, liabilities and equity (net worth) or deficit
- ☐ Statement of operations (profit or loss statement)
- ☐ Accounts receivable aging
- ☐ Postpetition liabilities aging
- ☐ Statement of capital assets
- ☐ Schedule of payments to professionals
- ☐ Schedule of payments to insiders
- ☒ All bank statements and bank reconciliations for the reporting period
- ☐ Description of the assets sold or transferred and the terms of the sale or transfer

/s/ Scott Krone

Signature of Responsible Party

11/10/2023

Date

Scott Krone

Printed Name of Responsible Party

600 Waukegan Road, Ste. 129, Northbrook IL
Address

STATEMENT: This Periodic Report is associated with an open bankruptcy case; therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.

Debtor's Name Platform II Lawndale LLC

Case No. 22-07668

Part 1: Cash Receipts and Disbursements		Current Month	Cumulative
a.	Cash balance beginning of month	\$157,442	
b.	Total receipts (net of transfers between accounts)	\$34,787	\$1,087,712
c.	Total disbursements (net of transfers between accounts)	\$113,000	\$807,856
d.	Cash balance end of month (a+b-c)	\$79,229	
e.	Disbursements made by third party for the benefit of the estate	\$0	\$69,575
f.	Total disbursements for quarterly fee calculation (c+e)	\$113,000	\$877,431

Part 2: Asset and Liability Status (Not generally applicable to Individual Debtors. See Instructions.)		Current Month
a.	Accounts receivable (total net of allowance)	\$0
b.	Accounts receivable over 90 days outstanding (net of allowance)	\$0
c.	Inventory (Book <input type="radio"/> Market <input type="radio"/> Other <input checked="" type="radio"/> (attach explanation))	\$0
d.	Total current assets	\$40,317
e.	Total assets	\$10,140,317
f.	Postpetition payables (excluding taxes)	\$311
g.	Postpetition payables past due (excluding taxes)	\$0
h.	Postpetition taxes payable	\$0
i.	Postpetition taxes past due	\$0
j.	Total postpetition debt (f+h)	\$311
k.	Prepetition secured debt	\$10,281,810
l.	Prepetition priority debt	\$390,340
m.	Prepetition unsecured debt	\$1,567,003
n.	Total liabilities (debt) (j+k+l+m)	\$12,239,465
o.	Ending equity/net worth (e-n)	\$-2,099,148

Part 3: Assets Sold or Transferred		Current Month	Cumulative
a.	Total cash sales price for assets sold/transferred outside the ordinary course of business	\$0	\$0
b.	Total payments to third parties incident to assets being sold/transferred outside the ordinary course of business	\$0	\$0
c.	Net cash proceeds from assets sold/transferred outside the ordinary course of business (a-b)	\$0	\$0

Part 4: Income Statement (Statement of Operations) (Not generally applicable to Individual Debtors. See Instructions.)		Current Month	Cumulative
a.	Gross income/sales (net of returns and allowances)	\$34,787	
b.	Cost of goods sold (inclusive of depreciation, if applicable)	\$0	
c.	Gross profit (a-b)	\$34,787	
d.	Selling expenses	\$0	
e.	General and administrative expenses	\$58,274	
f.	Other expenses	\$54,726	
g.	Depreciation and/or amortization (not included in 4b)	\$0	
h.	Interest	\$0	
i.	Taxes (local, state, and federal)	\$0	
j.	Reorganization items	\$0	
k.	Profit (loss)	\$-78,213	\$-344,055

Debtor's Name Platform II Lawndale LLC

Case No. 22-07668

Part 5: Professional Fees and Expenses

a.			Approved Current Month	Approved Cumulative	Paid Current Month	Paid Cumulative
	Debtor's professional fees & expenses (bankruptcy) <i>Aggregate Total</i>		\$0	\$49,423	\$0	\$24,573
	<i>Itemized Breakdown by Firm</i>					
	Firm Name	Role				
i	Jordan & Zito LLC	Lead Counsel	\$0	\$49,423	\$0	\$24,573
ii						
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Debtor's Name Platform II Lawndale LLC

Case No. 22-07668

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b.			Approved Current Month	Approved Cumulative	Paid Current Month	Paid Cumulative
	Debtor's professional fees & expenses (nonbankruptcy) <i>Aggregate Total</i>		\$0	\$39,917	\$0	\$0
	<i>Itemized Breakdown by Firm</i>					
	Firm Name	Role				
i	Neal Gerber & Eisneberg	Special Counsel	\$0	\$39,917	\$0	\$0
ii						
iii						
iv						
v						
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vii						
viii						
ix						
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UST Form 11-MOR (12/01/2021)

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	c						
c.	All professional fees and expenses (debtor & committees)						

Part 6: Postpetition Taxes

	Current Month	Cumulative
a. Postpetition income taxes accrued (local, state, and federal)	\$0	\$0
b. Postpetition income taxes paid (local, state, and federal)	\$0	\$0
c. Postpetition employer payroll taxes accrued	\$0	\$0
d. Postpetition employer payroll taxes paid	\$0	\$0
e. Postpetition property taxes paid	\$0	\$0
f. Postpetition other taxes accrued (local, state, and federal)	\$21,428	\$149,998
g. Postpetition other taxes paid (local, state, and federal)	\$0	\$0

Part 7: Questionnaire - During this reporting period:

- a. Were any payments made on prepetition debt? (if yes, see Instructions) Yes ☐ No ☒
- b. Were any payments made outside the ordinary course of business without court approval? (if yes, see Instructions) Yes ☐ No ☒
- c. Were any payments made to or on behalf of insiders? Yes ☐ No ☒
- d. Are you current on postpetition tax return filings? Yes ☒ No ☐
- e. Are you current on postpetition estimated tax payments? Yes ☒ No ☐
- f. Were all trust fund taxes remitted on a current basis? Yes ☒ No ☐
- g. Was there any postpetition borrowing, other than trade credit? (if yes, see Instructions) Yes ☒ No ☐
- h. Were all payments made to or on behalf of professionals approved by the court? Yes ☐ No ☐ N/A ☒
- i. Do you have:
- Worker's compensation insurance? Yes ☐ No ☒
 - If yes, are your premiums current? Yes ☐ No ☐ N/A ☒ (if no, see Instructions)
 - Casualty/property insurance? Yes ☒ No ☐
 - If yes, are your premiums current? Yes ☒ No ☐ N/A ☐ (if no, see Instructions)
 - General liability insurance? Yes ☒ No ☐
 - If yes, are your premiums current? Yes ☒ No ☐ N/A ☐ (if no, see Instructions)
- j. Has a plan of reorganization been filed with the court? Yes ☐ No ☒
- k. Has a disclosure statement been filed with the court? Yes ☐ No ☒
- l. Are you current with quarterly U.S. Trustee fees as set forth under 28 U.S.C. § 1930? Yes ☒ No ☐

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Part 8: Individual Chapter 11 Debtors (Only)

- | | | |
|--|-------|-----|
| a. Gross income (receipts) from salary and wages | _____ | \$0 |
| b. Gross income (receipts) from self-employment | _____ | \$0 |
| c. Gross income from all other sources | _____ | \$0 |
| d. Total income in the reporting period (a+b+c) | _____ | \$0 |
| e. Payroll deductions | _____ | \$0 |
| f. Self-employment related expenses | _____ | \$0 |
| g. Living expenses | _____ | \$0 |
| h. All other expenses | _____ | \$0 |
| i. Total expenses in the reporting period (e+f+g+h) | _____ | \$0 |
| j. Difference between total income and total expenses (d-i) | _____ | \$0 |
| k. List the total amount of all postpetition debts that are past due | _____ | \$0 |
- l. Are you required to pay any Domestic Support Obligations as defined by 11 U.S.C § 101(14A)? Yes ☐ No ☒
- m. If yes, have you made all Domestic Support Obligation payments? Yes ☐ No ☐ N/A ☒

Privacy Act Statement

28 U.S.C. § 589b authorizes the collection of this information, and provision of this information is mandatory under 11 U.S.C. §§ 704, 1106, and 1107. The United States Trustee will use this information to calculate statutory fee assessments under 28 U.S.C. § 1930(a)(6). The United States Trustee will also use this information to evaluate a chapter 11 debtor's progress through the bankruptcy system, including the likelihood of a plan of reorganization being confirmed and whether the case is being prosecuted in good faith. This information may be disclosed to a bankruptcy trustee or examiner when the information is needed to perform the trustee's or examiner's duties or to the appropriate federal, state, local, regulatory, tribal, or foreign law enforcement agency when the information indicates a violation or potential violation of law. Other disclosures may be made for routine purposes. For a discussion of the types of routine disclosures that may be made, you may consult the Executive Office for United States Trustee's systems of records notice, UST-001, "Bankruptcy Case Files and Associated Records." See 71 Fed. Reg. 59,818 et seq. (Oct. 11, 2006). A copy of the notice may be obtained at the following link: http://www.justice.gov/ust/eo/rules_regulations/index.htm. Failure to provide this information could result in the dismissal or conversion of your bankruptcy case or other action by the United States Trustee. 11 U.S.C. § 1112(b)(4)(F).

I declare under penalty of perjury that the foregoing Monthly Operating Report and its supporting documentation are true and correct and that I have been authorized to sign this report on behalf of the estate.

/s/ Scott Krone

Signature of Responsible Party

Manager

Title

Scott Krone

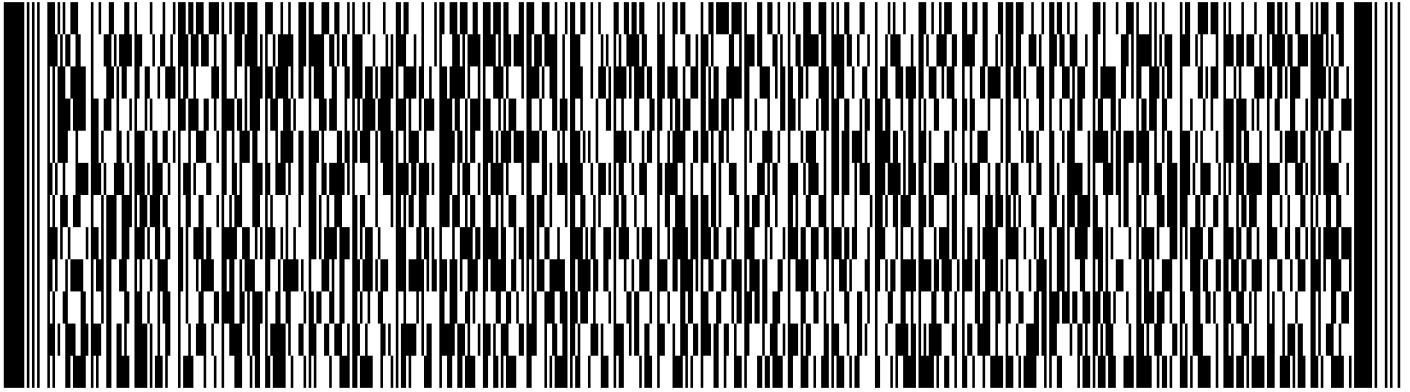
Printed Name of Responsible Party

11/10/2023

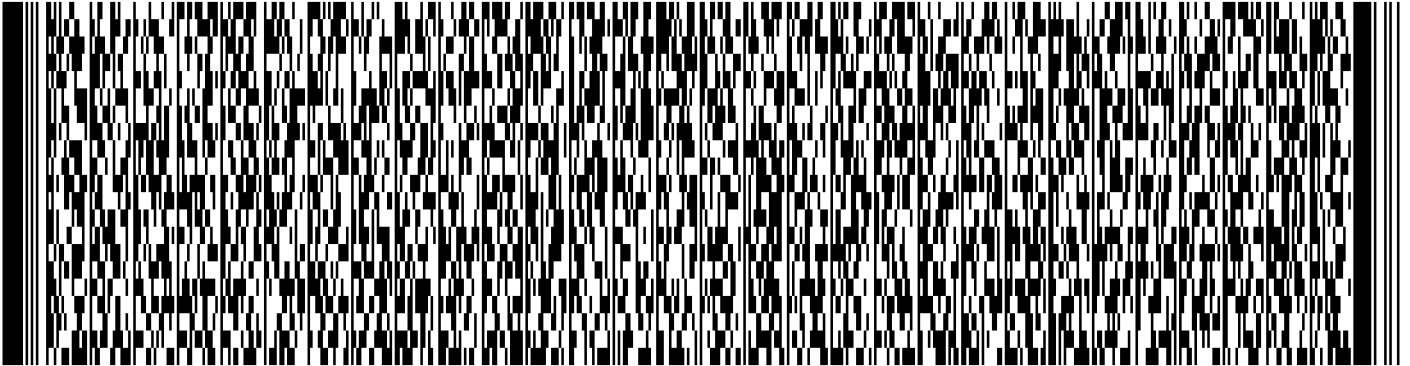
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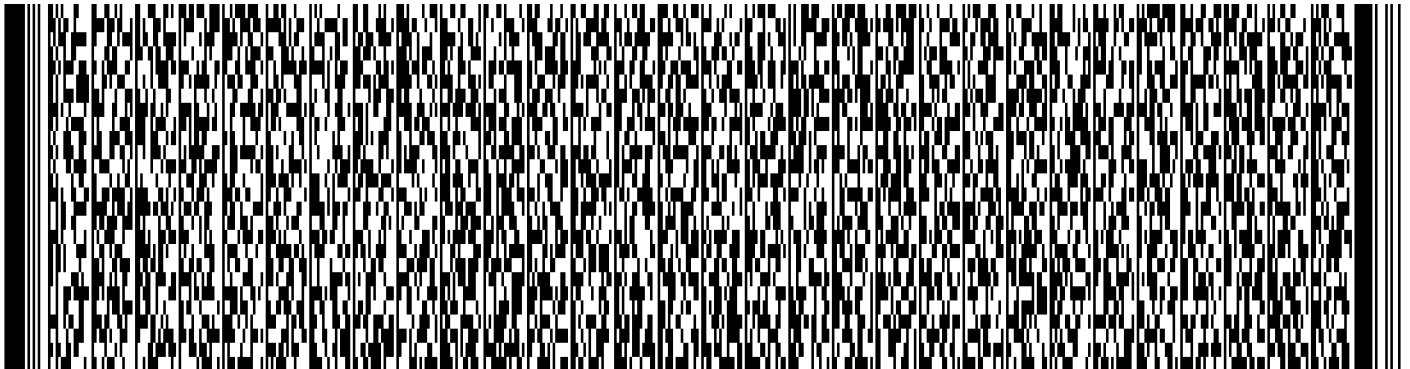
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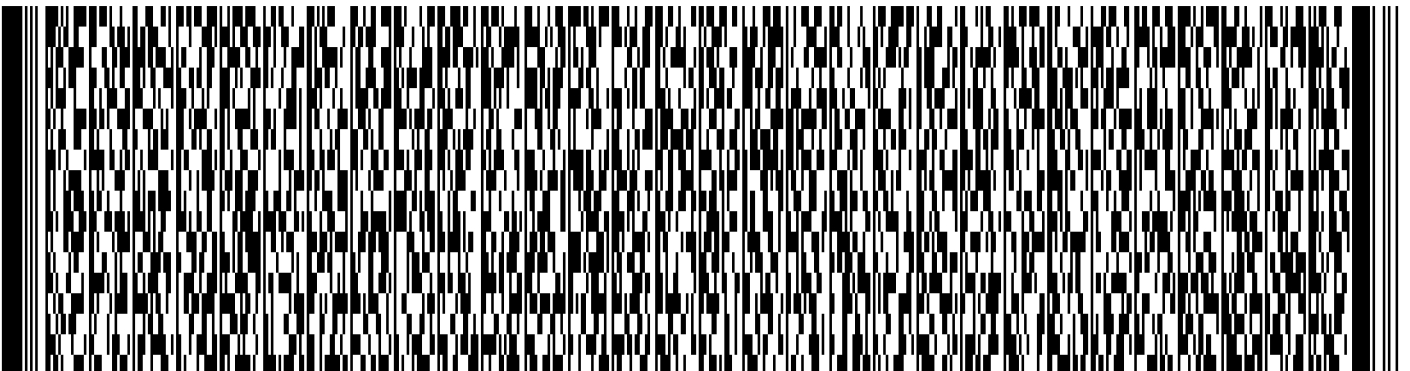
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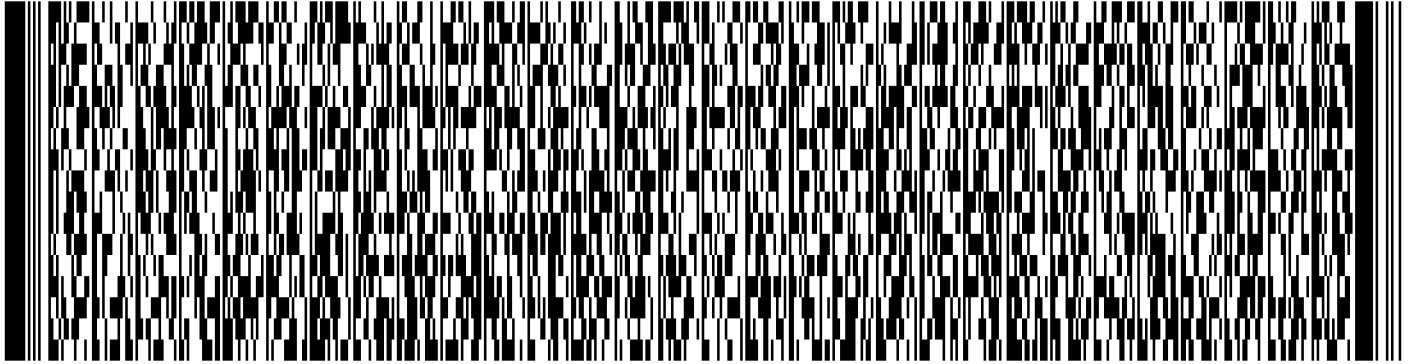
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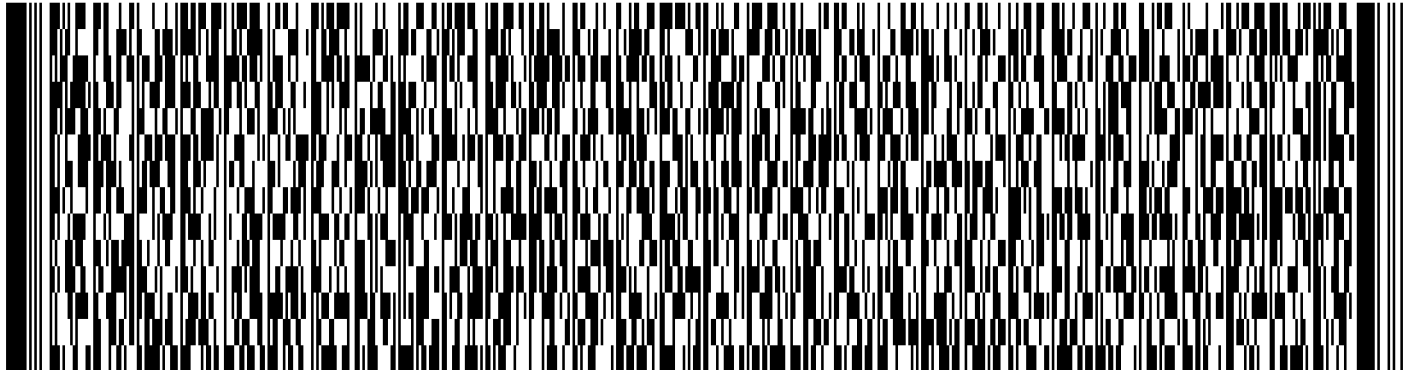
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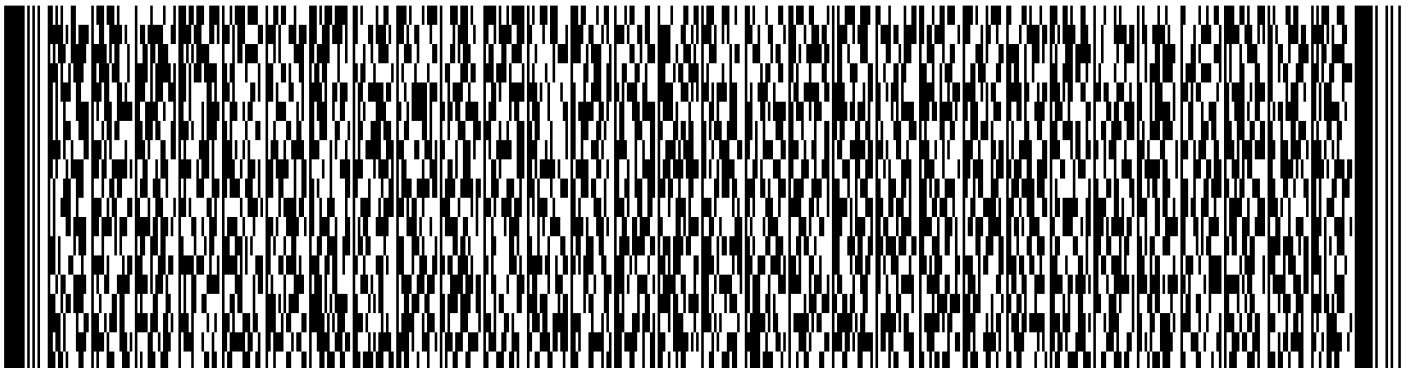
Case No. 22-07668



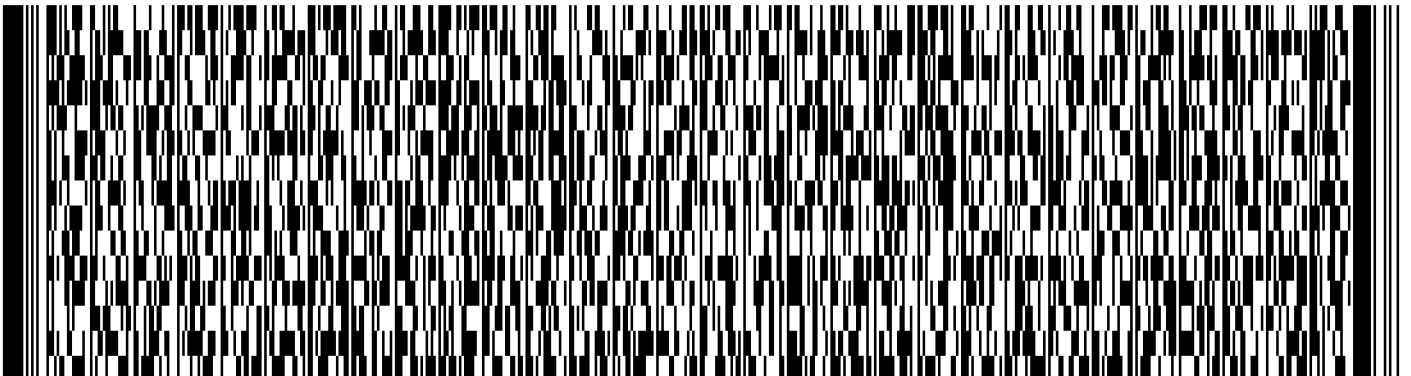
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Bankruptcy51to100



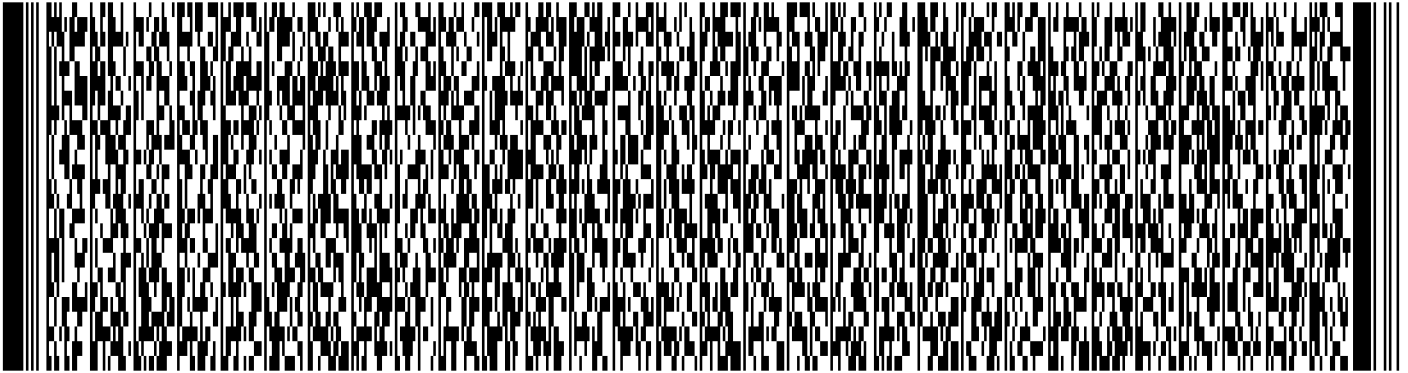
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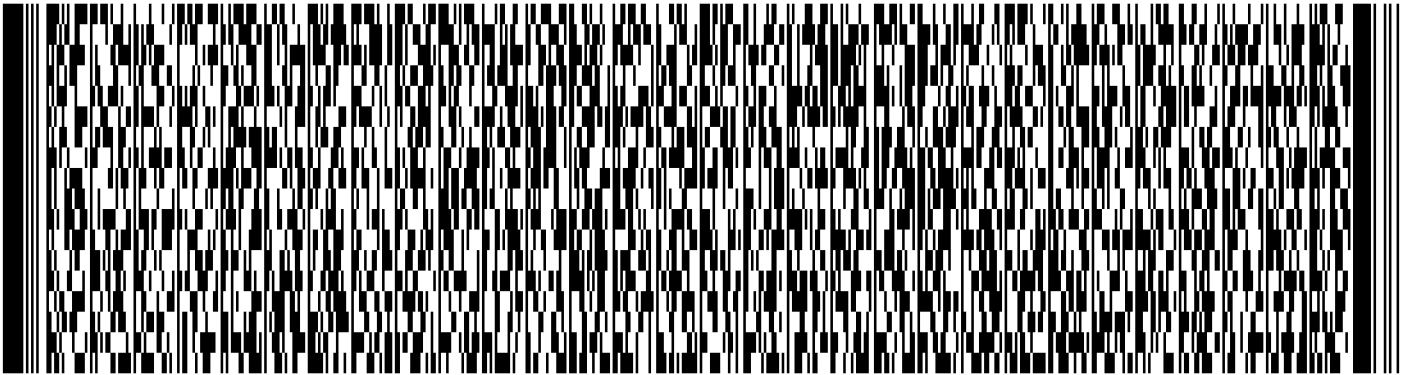
NonBankruptcy51to100

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